

WISCONSIN MEDICAID HMO COMPARISON REPORT: 1996

Data Tables

DEFINITION OF TERMS

All HMOs:

Combined totals for HMOs in Dane, Eau Claire, Kenosha, Milwaukee, and Waukesha counties.

Non-Milwaukee HMOs:

Combined totals for HMOs in Dane, Eau Claire, Kenosha, and Waukesha counties.

Fee-for-Service Statewide:

Total fee-for-service care reported throughout the state, including fee-for-service care reported in counties which have one or more Medicaid-approved HMOs. This latter data include enrollees exempt from HMOs.

Southeast HMOs:

Combined totals for the following HMOs in Milwaukee, Kenosha, and Waukesha HMOs:

Compcare (CHS): Kenosha, Milwaukee, and Waukesha combined
Family Health Plan (FHP): Milwaukee and Waukesha combined
Genesis Health Plan (GEN): Kenosha and Milwaukee combined
Humana (HUM): Kenosha, Milwaukee, and Waukesha combined
Managed Health Services (MHS): Kenosha, Milwaukee, and Waukesha combined
Maxicare (MXC): Kenosha, Milwaukee, and Waukesha combined
Primecare (PRC): Milwaukee and Waukesha combined

Dane HMOs:

Results are displayed for the following Dane County recipients in HMOs and for the total county:

Group Health Cooperative of Dane County (GHC)
Unity Health Plan (UHP)

Eau Claire HMOs:

Results are displayed for the following Eau Claire County recipients in HMOs and for the total county:

Group Health Cooperative of Eau Claire (GHE)
Valley Health Plan (VHP)

Milwaukee HMOs:

Results are displayed for the following Milwaukee County recipients in HMOs and for the total county:

Compcare (CHS)
Family Health Plan (FHP)
Genesis Health Plan (GEN)
Humana (HUM)
Managed Health Services (MHS)
Maxicare (MXC)
Primecare (PRC)

of Eligibles:

The number of Medicaid HMO or fee-for-service recipients in the population under evaluation. The measure provides some background for the interpretation of differences found.

of Eligibles Receiving, # of Eligibles Delivering, # of Eligibles Having a C-Section, # of Eligibles Having a VBAC:

The number of Medicaid HMO or fee-for-service recipients who received or experienced a particular health care service or event. For example, 40 recipients received a HealthCheck screen out of 1,000 eligible recipients.

of Eligible Years:

The # of Eligible Years adjusts for the number of months of eligibility that the population experiences and is calculated as follows:

$$\# \text{ of Eligible Years} = (\# \text{ of Eligible Months in 1996}) / 12$$

where the number of eligible months is based on the total number of months of eligibility for the HMO or fee-for-service population.

of Screens, # of Visits, # of Services:

The number of screens or services (or visits made) provided to the eligibles for the indicator.

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of Screens per Eligible, # of Visits per Eligible:

The number of screens provided (or number of visits made) to a recipient, on average. The number of screens received (or number of visits made) divided by the number of eligibles receiving the particular service.

of Screens per Eligible-Year, # of Visits per Eligible-Year:

The number of visits made by, or services provided to, recipients adjusted for the average years of eligibility. The number of visits made by, or services provided to, recipients divided by the number of eligible years for the eligibles receiving the particular service.

% Eligibles Receiving / Total Eligibles:

Calculated by dividing the # of eligibles receiving a service by the # of eligibles, multiplied by 100. For example, if 400 eligibles received a HealthCheck screen out of 1,000 eligible recipients, 40 percent of the eligible population received HealthCheck screens.

% of Eligibles Delivering / Eligible-Year, % Eligibles Receiving / Eligible-Year, % Eligibles Screened / Eligible-Year:

Calculated by dividing the total # of eligibles receiving by the total # of eligible years, multiplied by 100. Because the % Receiving / Eligible-Year is based on the number of eligible months, not the # of eligibles, the % Receiving / Eligible-Year may be greater than 100%. For example, among 1,000 eligible recipients enrolled for a total of 500 eligible years, 800 eligibles receiving a particular service and as a result, 800 eligibles receiving / 500 years * 100 = 160 percent.